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EDITORIAL BOARD
Practicing Health Care Professionals in Many Spheres of Interest

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STOP

BEFORE READING THIS COURSE

PRETEST YOUR KNOWLEDGE OF THIS SUBJECT.

**PLACE YOUR ANSWERS IN THE *PRETEST* COLUMN OF
THE SEPARATE ANSWER SHEET INCLUDED WITH
THIS COURSE BOOKLET.**

**THE TEST QUESTIONS ARE THE SAME FOR BOTH THE
PRETEST AND THE POST-TEST. THE TEST QUESTIONS
ARE FOUND AT THE BACK OF THIS COURSE
BOOKLET.**

AFTER COMPLETING THE PRETEST

THEN

READ THE COURSE

THEN

**TAKE THE POST-TEST FOR CREDIT AND SEE HOW
MUCH YOU HAVE LEARNED.**

**TO GET THE MOST OUT OF THIS GSC HOME STUDY
COURSE USE THE PSQ4R LEARNING SKILLS
TECHNIQUE DESCRIBED ON THE FOLLOWING PAGES.
GOOD LUCK.**

How to get the most out of your GSC Home Study Course using the PSQ4R technique!

Continuing education should provide the licensee with timely information that can be recalled for day to day use. Each GSC Home Study CE Course was planned and produced in accordance with the PSQ4R method described in the following paragraphs. GSC Home Study has found the PSQ4R method useful for retention of new or updated information.

PSQ4R, a method for improving reading comprehension, has been used by dozens of colleges and universities.

P = Purpose

S = Survey

Q = Question

4Rs = Read Selectively, Recite, Reflect, and Review.

1. Determine your **purpose** for reading this course. For many of you it may be merely to obtain continuing education credit to maintain your license. But, take a moment and look beyond this reason, what is it about this particular course topic that interests you? How does it relate to your current practice? (Est. Time- 5 minutes)
2. Test your knowledge of the course subject matter prior to reading the course by answering the course examination questions at the back of the booklet. Use the pretest column of the answer sheet to write your answers. (Est. Time-20 minutes)
3. **Preview** the course by surveying or skimming the course objectives, subject headings, illustrations, graphics and test questions. Pay attention to the first sentences, introductions, conclusions or summaries in the course. Write down any words that are unfamiliar to you. (Est. Time-15 minutes)
4. Make up **questions** using the section headings as a guide. Write the questions on a blank sheet of paper and leave space for your answers (2-3 inches). For example, if the section heading states "Diagnosis of Alzheimer's Disease", write the question "What are the current criteria used to diagnose Alzheimer's disease?" leaving space for the answer later on. (Est. Time-15 minutes)
5. **Read selectively** to find the answers to your "section-heading" questions. Write your answers in the space you provided. Be sure to write down and/or look up any words that are or were unfamiliar to you. Also, as you continue to read don't forget to look for ideas and information that are in alignment with your purpose for taking the course. (Est. Time- 80 minutes)
6. **Recite** the answers to your questions, by reading the question aloud with the answer covered up. Use your own words as much as possible. If you don't recall the answers, look over that section again. (Est. Time-5 minutes)

7. **Reflect** on the information in the section you've just read. Try to make a simple outline, table, flow diagram or "doodle". (Est. Time-5 minutes)
8. **Review** "section-heading" questions and answers, diagrams and outlines. (Est. Time- 20 minutes)
9. Take the Course Examination. Place your answers on the detached answer sheet posttest column inserted with your course packet. (Est. Time-30 minutes)

Normal Estimated Time to Complete this GSC Home Study CE Course Activity

Taking pretest	20	minutes
Reading course	90	minutes
Taking posttest	30	minutes
Re-reading course to locate answers	40	minutes
TOTAL time	180	minutes

Estimated Time to Complete this GSC Home Study CE Course Activity Using the PSQ4R Method for Improving Your Reading Comprehension

Determine the Purpose for taking the course	5	minutes
Take the pretest	20	minutes
Preview the course	15	minutes
Make up Questions	15	minutes
Read Selectively	80	minutes
Recite the answers to your questions	5	minutes
Reflect the information you just read in the course	5	minutes
Review questions, diagrams, and outlines	20	minutes
Take the posttest	30	minutes
TOTAL time using the PSQ4R method	195	minutes

Use the method you think will be the better use of your time.

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SUMMARY

COURSE OBJECTIVES

At the successful completion of this course, the social worker shall be able to do the following:

1. Identify various types of anger.
2. Identify direct and indirect manifestations of anger.
3. Demonstrate knowledge of the patterns of aggression.
4. Demonstrate an understanding of the cycle of violence within relationships.
5. Demonstrate knowledge of the various theories on development and recognition of anger.
6. Identify several physical manifestations that may result from repressed anger.
7. Identify what the consensus favors in terms of venting versus suppressing anger.
8. Demonstrate knowledge of several prevention mechanisms and therapeutic measures for the management of anger.
9. Identify the technique the Institute of Mental Health utilizes for anger management and control.

INTRODUCTION

Anger generally arises as a result of being frustrated – a response to something not going as wished. Anger is a normal emotion, which many individuals try to control or hide. It can take many forms, from mild annoyance, which may be expressed by words of displeasure and slight mannerisms, to rage which may include yelling, screaming and violent actions.

As children, we are taught that we should be good, decent, and considerate. We are taught that the emotions of anger, rage, sadness, and grief must be controlled for proper sociological interactions.

Some individuals manage anger through subtle and saboturistic words and behaviors. Others may apply nonassertive or insidious methods of anger projection, or even use verbal outbursts or violence.

Anger felt and expressed appropriately can lead to a feeling of released tension, anxiety and/or frustration.

THEORIES ON DEVELOPMENT AND RECOGNITION OF ANGER

A consensus of authors seems to indicate that anger has debatable genetic or hereditary influences. Environmental considerations may be paramount in the

etiology of anger situations. Not getting one's own way about things, people, situations, events, unrealistic expectation, or unfulfilled goals and objective can lead to the experience and expression of anger for all individuals. Stress and other insidious factors also promote anger and tension situations. A situation which angers one individual may not necessarily anger another.

Typically, anger is a response to frustration or arousal. Frustration occurs when an individual is blocked from doing something that s/he may desire. The anger may not be the only statement of this frustration. Arousal might result from an intense noise or from someone else being angry or upset.

Anger seldom occurs by itself. It can occur together with many other emotional responses; hurt, pain, defensive or protective responses, and self-protection. All of these may accompany anger. Following an anger episode, shame, humiliation, guilt and related feelings may occur. In many instances, other individuals use guilt as a favorable manipulative tool against a person who has become angry. Anger tends to be short-lived and is more or less a distinct event. Resentment and hate can be quite chronic and long-lasting in nature. Rage is the most obvious and shocking form of anger.

TYPES OF ANGER

- Insidious Anger – expressed in a treacherous or sly manner, for instance, blaming or minor violence.
- Distorted Anger – inappropriate expression of anger as it relates to the source of anger; in these instances, the magnitude of the anger is typically greater than the magnitude of the frustration, affront, or other causing factor.
- Passive Aggression- this type of anger is typically not expressed as anger, rather it is expressed through teasing, snide comments, obstructing another's ability to do something, etc.
- Rage – rage is the most intense expression of anger, typically expressed in an aggressive manner through yelling and sometimes violence.
- Suppressed Anger – the type of anger experienced by those who “don’t get angry”, typically expressed as another feeling such as sadness.

MANIFESTATIONS OF ANGER

Many individuals use typical expressions to reflect their feelings of anger. They may say things like, "It isn't ladylike," "I'm not mad," "I don't feel anything about this matter," and other similar phrases and thoughts that help them to bottle up their angry feelings. However, these are all expressions that demonstrate the individual's angry feelings and help them to actually suppress their anger. This process of retroflection—of using certain expressions to suppress angry feelings—only redirects anger meant for others back onto oneself.

Focused anger fits the situation that provokes it.

Distorted anger is out of proportion to the situation. Usually it is the product of more than the current situation, and may include hidden feelings, wishes, and assorted collections of resentments.

We know when we are very mad, but anger and aggression come in many forms, some quite subtle. An individual can generally identify internal anger by looking at behaviors and verbal comments said to others, as well as learning to be more aware of their own thought process. Madlow (1972) identifies the following signs for recognizing anger:

Direct behavioral signs:

- Assaultive: physical and verbal cruelty, rage, slapping, shoving, kicking, hitting, threaten with a knife or gun, etc.
- Aggression: overly critical, fault finding, name-calling, accusing someone of having immoral or despicable traits or motives, nagging, whining, sarcasm, prejudice, flashes of temper.
- Hurtful: malicious gossip, stealing, trouble-making.
- Rebellious: anti-social behavior, open defiance, and refusal to talk.

Direct verbal or cognitive signs:

- Open hatred and insults: "I hate your guts;" "I'm really mad;" "You're so damn stupid."
- Contempt and disgust: "You're a selfish SOB;" "You are a spineless wimp, you'll never amount to anything."
- Critical: "If you really cared about me, you'd...;" "You can't trust _____."
- Suspicious: "You haven't been fair;" "You cheated!"

- Blaming: "They have been trying to cause me trouble."
- I don't get the respect I deserve: "They just don't respect the owner (or boss or teacher or doctor) any more."
- Revengeful: "I wish I could really hurt him."
- Name calling: "Guys are jerks;" "Women are bitches;" "Politicians are self-serving liars."
- Less intense but clear: "Well, I'm a little annoyed;" "I'm fed up with...;" "I've had it!" "You're a pain." "I don't want to be around you."

Thinly veiled behavioral signs:

- Distrustful, skeptical.
- Argumentative, irritable, indirectly challenging.
- Resentful, jealous, envious.
- Disruptive, uncooperative, or distracting actions.
- Unforgiving or unsympathetic attitude.

- Sulky, sullen, pouting.
- Passively resistant, interferes with progress.
- Given to sarcasm, cynical humor, and teasing.
- Judgmental, has a superior or holier-than-thou attitude.

Thinly veiled verbal signs:

- "No, I'm not mad, I'm just disappointed, annoyed, disgusted, put out, or irritated."
- "You don't know what you are talking about;" "Don't make me laugh."
- "Don't push me, I'll do it when I get good and ready."
- "Well, they aren't my kind of people."
- "Would you buy a used car from him?"
- "You could improve on..."
- "Unlike Social Work, my major admits only the best students."

Indirect behavioral signs:

- Withdrawal: quiet remoteness, silence, and little communication especially about feelings.
- Psychosomatic disorders: tiredness, anxiety, high blood pressure, heart disease. Actually, college students with high Hostility scores had, 20 years later, become more overweight with higher cholesterol and hypertension, had drunk more coffee and alcohol, had smoked more cigarettes, and generally had poorer health (Friedman, 1991). See Manifestations of Anger, Medical Issues.
- Depression and guilt.
- Serious mental illness such as paranoid schizophrenia.
- Accident-proneness and self-defeating or addictive behavior, such as drinking, over-eating, or drugs.
- Vigorous, distracting activity (exercising or cleaning).
- Excessively submissive, deferring behavior.

- Crying.

Indirect verbal signs:

- "I just don't want to talk."
- "I'm disappointed in our relationship."
- "I feel bad all the time."
- "If you had just lost some weight."
- "I'm really swamped with work, can't we do something about it?"
- "Why does this always happen to me?"
- "No, I'm not angry about anything--I just cry all the time."

MANIFESTATIONS OF ANGER - MEDICAL ISSUES

An area increasing in interest amongst health professionals, there have been many recent medical studies linking anger and repressed anger to the following physical manifestations:

- elevated cholesterol levels

were more susceptible to becoming hostile were found, when provoked, to have enhanced blood pressure and heart rate than those less susceptible to provocation.

Another study, published in the "Scandinavian Journal of Caring Sciences", reported that individuals with coronary heart disease were found to have both increases in suppressed anger, as well as overall experienced anger.

PATTERNS OF AGGRESSION

At least four general patterns of aggression tend to be commonly apparent. They are the following:

1. Threat-based aggression includes self-defense, aggression growing out of fear, defense of helpless other person and territorial defenses.
2. Irritable aggression includes aggressive responses to pain or irritation; lashing out against other individuals. Adverse weather conditions and other environmental factors may serve to precipitate this type of aggression.
3. Frustration-based aggression involves a situation where the person is stopped from getting what s/he desires. This is more than deprivation, and

includes an expectation about what the individual intends to get and the deprivation of something that s/he has not received. It is less like frustration and more like aggression.

4. Instrumental aggression may be defined as an action which will get the person something he desires-a child who gets a toy by hitting or threatening, or someone in authority who uses various types of threats to obtain clients.
5. Indirect aggression usually involves no direct act against a victim, rather it involves acting in ways that make it easier for others to become aggressive and angry, such as instigating a problem situation.

ANGER MEASUREMENT TOOLS

The assessment of anger has received increased attention because of growing evidence that anger and hostility are related to many diseases and disorders. A number of psychometric measures for evaluating anger, aggression and hostility have been developed, and stimulated research on anger and anger assessment over the past years. The following two measures are currently being utilized:

1. The Aggression Questionnaire (Buss and Perry) – This test utilizes scales to measure physical aggression, verbal aggression, anger, and hostility.
2. State-Trait Anger Expression Inventory (Spielberger) - The test is an evaluation designed to measure anxiety proneness (trait) and current level of tension and apprehension (state).

TECHNIQUES FOR ANGER CONTROL

In terms of anger management, the debate over whether or not to vent anger continues. Suppressed anger may lead to a conversion of the anger into resentment or even hatred. Feelings of guilt, shame and humiliation may also occur when anger is suppressed. Anger turned inward is sometimes defined as depression. However, this may be an overstatement. Anger may often be disguised in the form of hostile put-downs or pointed critical, negative remarks. Some argue that unexpressed, ongoing anger is toxic waste in storage. This waste will continue to leak and erode interpersonal relationships and other facets of the individual's existence.

In general, it is important to note that other emotions tend to increase the pace at which frustration, rage or anger emerges. Working to diminish

environmental stresses and internal tensions that cause anxiety, depression, low self-esteem, etc. will lessen onset of anger and aggression.

A consensus of individual authors favors venting anger over suppressing it. A number of prevention mechanisms and therapeutic measures may be applied as management or treatments for anger. They are the following:

- Stress inoculation – minimizing effect(s) of destabilizing and/or overwhelming situations.
- Desensitization – practiced experiencing of stressful, anger-inducing or frustrating events.
- Frustration tolerance training – application of desensitization, meditation and/or relaxation techniques.
- Meditation and relaxation – guided or self-taught.
- Catharsis – therapeutically supported venting of emotion.
- Other techniques that may be utilized in anger management:
- Increase assertiveness with others
- Be empathic

- Practice emotional control by role-playing
- Learn “fair fighting”
- Hold back your anger
- Use “I” statements to express anger constructively

The Institute of Mental Health Initiatives utilizes the acronym of R-E-T-H-I-N-K to stand for seven skills for anger management and control. The Institute reaches out to the public through providing education curriculum to schools, communities and the media. The acronym assists individuals in to:

- R - recognize your emotion. Is it anger or threat or shame...?
- E - empathize with the other person. Try to understand their viewpoint and feelings? Express your feeling with "I" messages.
- T - think about your thinking. Am I being unreasonable? Look at the situation rationally, will it harm me a year from now?
- H - hear the other person and check out your perception by empathizing.
- I - integrate respect for every human into your feelings. "I mad but I still love you."

- N - notice your physiological responses. Learn to quickly calm down before losing control.
- K - keep on the topic, don't dig up old grudges. Look for compromises and solutions, including how to avoid situations that trigger your anger (the same thing often sets us off over and over).

Kindler, in "Managing Disagreement Constructively", (1988) suggests using a conflict resolution model to help people who are angry and involved in conflict over an issue to constructively work out their problems. His model uses a five step approach that includes first—the diagnosis of the issue that is causing the anger and conflict; second, a plan for an effective resolution; third, preparation for the actual interaction; and fourth, involvement in actively implementing the resolution. This model is also often used for conflict resolution in the work place, especially with angry people who display a great deal of anger toward each other and their reason for being angry is not always obvious.

ANGER & RELATIONSHIPS

Lenore Walker best defines the cycle of violence within interpersonal relationships in the benchmark text "The Battered Woman". In her model of the cycle of violence, tension escalates in a relationship until a violent incident occurs. This violence is followed by a "honeymoon phase" where the primary perpetrator of the violence is often filled with regrets and apologies. After a period of time during which the relationship calms down, the tension starts to build and the cycle repeats itself.

Anger without violence may also be very destructive and debilitating, eroding trust and love between two people in an interpersonal relationship.

One technique to work with couples who are experiencing problems as a result of unhealthy expressions of anger is to have the couple agree to setting ground rules for fighting, or "fair battling". Some examples are the following:

- No physical contact
- No name-calling
- Making "I" statements rather than "you" statements
- No laughing or humiliating the other person about his or her anger release then or thereafter

- Both parties agree to stop when either says “stop”
- Certain topics shall be determined to be “out of bounds” for any anger discussion

SUMMARY

Anger is a fact of life, a normal feeling, that generally arises as a result of being frustrated, and, as discussed in this course, can manifest in physical illnesses if not appropriately expressed and/or controlled. We know that anger can take many forms, from mild annoyance, expressed by words of displeasure and slight mannerisms, to rage that results in yelling, screaming, and violent actions. We have learned that the emotions of anger, rage, sadness, and grief must be controlled for proper sociological interactions. Some individuals manage anger through subtle and saboturistic words and behaviors, while others apply nonassertive or insidious methods of anger projection, or even use verbal outbursts or violence. We have learned that it is far better to learn constructive ways to express anger and resolve conflict than to suppress it and cause physical and emotional illness. And finally, anger felt and expressed

appropriately can lead to a feeling of released tension, increased energy, improved intimacy with others, and a better understanding of self.

Amos. J Fam Assoc, 1987 Dec, 16(3), 487-507

Wolcott, L. (1994). The angry back Muscles

Irwin AM, et al. The experience of anger in adults: A preliminary investigation. *Psychology of Med*, 1979, 10(3)

Quirkhedge, T. et al. The experience of anger in adults: A preliminary investigation. *Psychology of Med*, 1979, 10(3)

Chastagner, R.P. Anger with ourselves. *Amos J Nurs*, 76(2) 41, 1990

Heider, B.P. Working it out: How women can manage anger. *J Women Health* 7(4) 1996

Stodols, M. Manager. *Managing the workplace*. Los Angeles, CA: Cengage Publications, Inc, 2005

Lee, J. (1993). *Facing the Facts: Experiencing and Expressing Anger Appropriately*. Boston: Books

Seymour, J.W. et al. The cultural expression of anger: The impact of ethnicity of anger and CPT: The role of social experience. *J Behav Med* 20(4), 1997

Thurman, G.P. Accepting and expressing with anger. *Amos J Nurs*, 76(2) 41, 1990

Walton, Laura. (1993). *The learned woman*. HarperCollins

REFERENCES

Anon. J Pers Assess, 1997 Dec, 69:3, 497-507

Bilodeau, L. (1993). The Anger Book. Hazelden.

Buss AH, et al: The aggression questionnaire. J Pers Soc Psychol, Sep 1992.

Deshields, T. et al: The experience of anger in chronic illness: a preliminary investigation. Psychiatry in Med, 19:299, 1989.

Grainger, R.D.: Anger within ourselves. Amer. J Nurs. 90(7):12, 1990.

Healy, B.P: Waiting to explode: how women can manage anger. J Womens Health 7(4):393,1998.

Kindler, H: Managing disagreements constructively. Lost Altos, CA: Crisp Publications, Inc.,1988.

Lee, J. (1993). Facing the Fire: Experiencing and Expressing Anger Appropriately. Bantam Books.

Siegman, A.W. et al: The outward expression of anger, the inward experience of anger and CVR: the role of vocal expression. J Behav Med 20:29, 1997

Thomas, SP. Assessing and intervening with anger disorders. Nurs Clin North Am, 33:121,1998.

Walker, Lenore. (1980). The battered woman. HarperCollins.

RECOMMENDED READING & RESOURCES

Books

- The Dance of Anger: A Woman's Guide to Changing the Patterns of Intimate Relationships -- Harriet Lerner
- The Anger Workbook -- Lorraine Bilodeau
- Anger Kills: Seventeen Strategies for Controlling the Hostility That Can Harm Your Health -- Redford Williams, Virginia Williams;
- Anger & Addiction: Breaking the Relapse Cycle a Teaching Guide for Professionals -- Jo Clancy
- Anger Management: A Practical Guide -- Adrian Faupel, et al
- Anger Management for Youth: Stemming Aggression and Violence -- Leona Eggert

Resources

Institute for Mental Health Initiatives (IMHI) - www.imhi.org

COURSE EXAMINATION

Anger—Etiology and Management

DATE: _____

**DO NOT REMOVE THIS EXAMINATION
FROM THIS COURSE BOOKLET**

**PLEASE READ THE FOLLOWING INSTRUCTIONS
BEFORE STARTING THE EXAMINATION:**

**Fill in your answers on the detached answer sheet inserted
with your course packet. Return the completed
answer sheet/course evaluation to
GSC Home Study Courses at the
address listed on the detached
answer sheet.**

1. Anger is an abnormal feeling.
A. True
B. False
2. Individuals who purposely bump into others may be demonstrating an insidious form of anger.
A. True
B. False
3. Anger tends to be short-lived as compared to resentment and hate.
A. True
B. False

4. Following anger episodes, selected individuals may demonstrate shame, humiliation, guilt and related feelings.
 - A. True
 - B. False
5. Passive aggressive anger may include:
 - A. Pouting
 - B. The cold, silent treatment
 - C. Verbal abuse
 - D. All of the above
 - E. None of the above
6. Rage is anger that suddenly erupts.
 - A. True
 - B. False
7. The State-Trait Anger Expression Inventory measures anxiety proneness and current level of tension.
 - A. True
 - B. False
8. During the "honeymoon phase" of an abusive relationship, the abuse ends for a period of time right after an abusive episode has taken place.
 - A. True
 - B. False
9. Fair battling rules include:
 - A. No physical contact allowed
 - B. Humiliating the other person is allowed
 - C. Name calling is allowed.
 - D. None of the above

10. One safe way to express anger is to:

- A. Punch a pillow.
- B. Yell at somebody
- C. Kick the walls
- D. None of the above
- E. All of the above

11. Becoming angry at an individual for accidentally bumping into you in a crowded shopping mall is an example of:

- A. Distorted anger
- B. Rage.
- C. Passive aggression.
- D. Insidious anger.
- E. None of the above

12. Anger is typically a response to frustration or arousal.

- A. True
- B. False

13. Sarcasm, cynical humor and teasing are what type of a sign of anger?

- A. Direct behavioral sign
- B. Indirect behavioral sign
- C. Thinly veiled behavioral sign
- D. None of the above

14. Medical studies have linked anger to the following:

- A. Ovarian cysts
- B. HIV
- C. Kidney disease
- D. Breast cancer

15. Desensitization is the practiced experiencing of stressful, anger-inducing or frustrating events.

- A. True
- B. False

16. One technique that can be utilized to manage anger and reduce the harmful ramifications of unchecked anger is to be empathetic.
- A. True
 - B. False
17. R-E-T-H-I-N-K is an acronym utilized to remind men not to batter women.
- A. True
 - B. False
18. Aggression that comes from fear is best defined as:
- A. Irritable aggression
 - B. Instrumental aggression
 - C. Uncontrolled aggression
 - D. Threat-based aggression
19. Lenore Walker wrote the benchmark text "The Battered Woman."
- A. True
 - B. False
20. Unexpressed anger erodes trust and love between two people in an interpersonal relationship.
- A. True
 - B. False

